# 賀禮・利得・惠東華計劃捐助表格

## **Celebratory / Activity Proceeds Donation Scheme Donation Form**

如蒙支持善舉,請將填妥的捐助表格及捐款寄交上環普仁街12號東華三院籌募科或傳真至2559 6835。 Please send the completed form with donation by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835.

#### 惠捐善款 General Donation

請在適當空格內加上「✓」號或\*刪去不適用者 Please tick the relevant box(es) or \* delete where inappropriate

ナールコ級会提勃

支持東華三院各項社會企業或指定服務 /ices

to support the development of various TWGHs social enterprises or other designated services
髦祝福 ones and friends in lieu of gift on their
HK\$
tion Amount: HK\$
g Wah Group of Hospitals"
Cheque No.:
此表格,以免重複扣除款項 I the completed form to 2559 6835. Iter fax
有效日期 Expiry Date:
月 MM/年 YY
詩卡人簽署 Signature of Cardholder:

#### 銀行捐款 Via Banks

請將存款收據**正本**連同此表格寄回本院,以便發出正式收據

Please send us the original pay-in-slip together with this completed form by post for a donation receipt

#### 滙豐銀行

004-502-301302-001

中國銀行(香港)

Bank of China (HK) 012-875-0-024935-9 恒生銀行

Hang Seng Bank 024-280-402660-001

花旗銀行 Citibank

渣打銀行 Standard Chartered Bank 006-391-085-55346 003-416-1-000171-8

東亞銀行

Bank of East Asia

015-514-40-33666-1

交通銀行香港分行 Bank of Communications (Hong Kong Branch) 027-537-930-76188

### 善長資料 Donor Information

善長芳名 Name of Donor:		先生/太太/女士/小姐/公司/團體* Mr./Mrs./Ms./Miss/Company/Group*
地址 Address:		
聯絡人 Contact person:		先生/太太/女士/小姐* Mr./Mrs./Ms./Miss*
聯絡電話 Tel. no:	電郵 E-mail :	
捐款收據 Donation Receipt		
☐ 請提供捐款收據註─ Please provide do	nation receipt Remark 1	
收據芳名 Name on Receipt:	·-	先生/太太/女士/小姐/公司/團體* Mr./Mrs./Ms./Miss/Company/Group*
(如與善	長芳名不同 If different from the name	e of Donor)
□ 為幫助東華三院節省行政開支,無需安 To save the administrative cost of TW		is not required
收集個人資料聲明 Personal Information Col	lection Statement	
東華三院(「本院」)會按照《個人資料(私際)條例》的規本院擬使用您的個人資料(姓名、地址、電話、電郵及傳真)同意,本院不會將您的個人資料用於上述用途。如您不同意、您的個人資料作上述推廣用途,費用全免,請於辦公時間效電The Tung Wah Group of Hospitals ("TWGHs") shall comply personal data. TWGHs will not sell and/or provide your perso address, telephone no., email and fax no.) for future correconducting survey, or other related promotional purposes. TW your consent. If you do not agree to the use of your personal C you have the right to access, correct and request TWGHs to charge by calling 1878 333 during office hours.	以作日後聯絡、籌款、宣傳活動,創創 請在以下空格內加上「√」號。您有 1878 333° with the Personal Data (Privacy) C nal data to any third party. TWGHs in spondences, fund-raising appeals, VGHs will not use your personal data tata for the above purposes, please ir	康課程或收集意見等推廣用途。未經您的權陋時向本院查詢、更改或要求停止使用 形才dinance in handling and keeping your ntends to use your personal data (name, promotional activities, training courses, if or the above purposes unless you give ndicate by putting a tick in the box below.
□ 本人反對東華三院使用我的個人資料作上述推廣用 I object to the use of my personal data by TWGHs		poses.
本人已閱讀,了解及接納東華三院有關收集、使用及提 I have read, understood and accepted the statement re		provision of personal data by TWGHs
簽署 Signature:	日期 Date: _	

- 1. 捐助東華三院滿HK\$100的善款可申請免税。Donation of HK\$100 or above to TWGHs is tax deductible.
- 2. 欲詢詳情, 請致電1878 333或2859 7460予本院籌募科。For details, please call TWGHs Fund-raising Division at 1878 333 or 2859 7460.

東華三院專用 For TWGHs use				
Received on		Receipt issued on		
Receipt no.	R	Receipt/TYL sent on		
Donation A/C name	CAP	Amount (HK\$)		

簡便回郵10號GPO **Tung Wah Group of Hospitals** Freepost No.10 GPO

CAP